

## MENTAL HEALTH UPDATE

September 25, 2007

### THIS WEEK'S BANNER OF HOPE --- "When you rise, SHINE."

*Banners of Hope were created by and for consumers in Central Vermont at their Recovery Day celebration. The Mental Health Update will lead off with a quote from these banners until all have been shared.*

### ADULT MENTAL HEALTH

#### **Transformation Council Kicks Off**

Two dozen people came to the first meeting of the new Mental Health Transformation Advisory Council. Commissioner Michael Hartman is looking to the group as a place to have good discussions of issues in the broad context of system change and enhancement. Members of the Council shared concerns as well as positive changes that have occurred in recent years. The group plans to meet monthly in various locations around the state.

Commissioner Hartman noted the spirit evident among members of the Council. Their individual and collective efforts over time have brought real strengths to mental health care in Vermont, resulting in good outcomes. There was recognition that we need to do more to educate the public, in addition to legislators, about the work we all are doing to address significant challenges, follow through on the Futures project, involve consumers and families, and celebrate our successes.

The Transformation Council will meet on October 22, 2:00 – 4:15, in the Skylight Room, Waterbury State Complex. Minutes of the first meeting (held yesterday) will be posted with the next Update.

**State Initiative to Implement Alternatives to Restraint and Seclusion** Vermont will receive approximately \$640,000 from SAMHSA over three years to improve mental health inpatient treatment by implementing alternatives to seclusion and restraint (S/R) at two Hospitals. The initiative will be implemented at the Vermont State Hospital (VSH) for adults with serious mental illness and Retreat Healthcare (RHC) for children and adolescents with serious emotional disturbances. SAMHSA's *Six Core Strategies to Reduce the Use of Seclusion and Restraint* will guide the development of strategic plans at each hospital and will help create the culture shift necessary for the use of less coercive measures for ensuring patient and staff safety. The goals of the project are:

Goal 1: Vermont will strengthen and enhance its oversight, leadership and coordination capacity at the state level and at VSH and RHC to enhance the development of alternatives to restraint and seclusion

Goal 2: Using the SAMSHA Six Core Strategies as a guide, Vermont will develop and implement a strategic plan to complete S/R Reduction efforts at VSH and the RHC.

Goal 3: Vermont will implement specific S/R Reduction Techniques (e.g. Sensory Modulation) at VSH and the RHC to reduce and prevent the need for S/R.

Dr. Bill McMains, Medical Director of the Vermont Department of Mental Health, will serve as the principle investigator for the project.

### **Vermont Recovery Celebration**

On Tuesday, September 18th, Vermont Psychiatric Survivors and DMH co-hosted a Vermont Recovery Celebration at 108 Cherry Street in Burlington. Mary Ellen Copeland, long-time promoter and teacher of recovery education, was the featured keynote presenter. The celebration included presentations on different activities within the state to promote recovery and peer support. Approximately 85 participants joined in this day-long recognition of recovery work in Vermont. Mary Ellen Copeland received two awards, one from VPS and one from DMH, in recognition of her work to support recovery in Vermont.

### **Alternative Involuntary Transportation Update**

The alternative involuntary transportation capacities at both the HowardCenter and Washington County Mental Health are up and running. HowardCenter provided alternative transport for an individual from an adjacent county who was the subject of an emergency examination to the area hospital the week of September 10th. The transport was described as uncomplicated and a complete success. Likewise, Washington County Mental Health provided an alternative transport out-of-county just days prior, using ambulance and trained transporters riding along for support. Mary Moulton, WCMHS Emergency Services Director, indicated that “they (the ambulance crew) really appreciated the support, and we felt it important to have someone in close proximity”. Moulton also indicated that WCMHS is drawing on this capacity where possible, to respond to voluntary yet complicated psychiatric admissions, when no other transportation option is available.

### **Status of Designated Agencies’ Applications for Certificates of Approval**

*Northwestern Counseling and Support Services* (NCSS) has submitted an application for approval to construct a 22,210 square foot building to house its Child and Family Center on Fisher Pond Road in St. Albans. The application has now been ruled complete, is posted on the Mental Health Website for public review and a public hearing has been scheduled. The public comment period will be from September 25, 2007 until October 19, 2007, and comments can be mailed to Dawn Philibert at the Department of Mental Health or e-mailed to [dphilib@vdh.state.vt.us](mailto:dphilib@vdh.state.vt.us). The public hearing is scheduled for Tuesday, October 16, 2007 from 5:30-6:30 at Diversified Resources, 3 Lemnah Drive in St Albans. The Commissioners of the Departments of Mental Health (DMH) and of Disabilities, Aging and Independent Living (DAIL) will issue a decision about approval of this application before December 4, 2007.

Staff of DAIL and DMH have reviewed *The Counseling Service of Addison County’s* application to construct a new building and renovate another structure (See Mental Health Update of September 11, 2007) and have asked for additional information from the applicant before the application can be ruled complete. As soon as the information has been provided, the application will be posted on the website and a formal review of the proposal can begin.

**Proposed Crisis Beds Public Presentation and Public Hearing.** A public presentation on the four proposals to create up to 6 additional crisis stabilization/inpatient diversion beds in Vermont will be held, followed by a public hearing, on October 2, 2007 from 1-5 in the Skylight Conference Room of the Waterbury State Office Complex. From 1-4 p.m., each applicant will present an overview of their proposal to a review panel and public attendees, and a public hearing from 4-5 p.m. will follow. The applications are posted at <http://healthvermont.gov/mh/RFP/index.aspx>. Written comments on the proposals can be sent to [dphilib@vdh.state.vt.us](mailto:dphilib@vdh.state.vt.us).

### **Update on Northeast Kingdom Human Services Crisis Bed Implementation**

The CARE (Community Aid Recovery Effort) Program at NKHS plans to open on October 1, 2007. The CARE program is the name of NKHS's new two bed crisis program. The physical setting is located in Saint Johnsbury and fully operational. There are five staff employed with the CARE program and a pool of on-call staff is being developed. Staff is being oriented throughout the system of care at NKHS until the program opens. The program will receive oversight from the Assistant Director of Emergency Services. The agency also has psychiatric nurse practitioners in place who will round daily at the crisis bed program to provide nursing oversight.

## ***CHILDREN'S MENTAL HEALTH***

### **Success Beyond Six Legislative Study Group Continues Work**

The Success Beyond Six legislative study group held the second of its four scheduled meetings on September 20. The group is co-chaired by Charlie Biss from the Department of Mental and Deborah Quackenbush from the Department of Education. Participants of the 30 member group focused their discussion on 4 main topics:

- whether the new flexibility under Vermont's Global Commitment Medicaid Waiver would allow funding of services to youth to help avoid mental health problems and improve school climate;
- whether Vermont should target its limited resources on services to youth with intensive mental health issues or should spread its resources along a continuum of need as determined locally;
- more detailed information about the types and costs (as well as cost savings to schools) of services currently being provided in the state through this initiative;
- which types of outcomes the initiative should focus on and could track with existing sources of data.

The third meeting will be held on October 11, 9:00 – 12:00, at HowardCenter in Burlington. Catherine Simonson, member of the work group and director of children's mental health services at HowardCenter, will be bringing additional information on specific services provided throughout the state in contracts between the Designated Agencies and school districts or supervisory unions. The second main topic of discussion will be continued exploration of funding sources and strategies.

## ***FUTURES PROJECT***

### **Rutland Regional Medical Center Responds to Questions**

In a presentation to the Futures Advisory Committee this summer, the Rutland area's community hospital outlined its proposal for expansion of the existing psychiatric unit to meet more of the acute psychiatric treatment needs of patients now referred to Vermont State Hospital. Some additional questions from the Advisory Committee were sent in to DMH following the meeting. The responses to these questions shed more light on the Rutland hospital's plans to enlarge its inpatient psychiatric capacity and to maintain its historic collaborative relationship with Rutland Mental Health Services. The questions and the answers from Rutland Regional Medical Center are posted on the Web site.

### **Corrections Inpatient Work Group**

The work group meets this week to assess progress on its core task of estimating the inpatient psychiatric beds needed for Corrections based on the hospital admission guidelines they have developed. They earlier requested clarification on what mental health services are covered by the MHM Services contract, and the Department of Corrections provided the contract for their review. The scope of work being done by the legislative Corrections Oversight Committee will be reviewed to take advantage of the information gathered and avoid duplication of effort.

The minutes of the August meeting of the Corrections Inpatient Work Group are posted on the Web site.

## ***VERMONT INTEGRATED SERVICES INITIATIVE (VISI)***

### **General Update**

All VISI grantees are expected to have their agency Change Plans completed and agency Change Teams selected by October 31<sup>st</sup>. The Change Plans outline incremental changes needed to improve services for people with co-occurring mental health and substance use conditions. Each agency's Change Team will be selected by the Agency's Executive Director or the Board of Directors, and will be charged with implementing their Agency's Change Plans.

### **VISI Peer Program**

A Peer Conference will be held at the Cortina Inn in Killington on September 28<sup>th</sup> from 10 am to 4 pm. Gary Stromberg, co-founder of Gibson and Stromberg, a large and influential music public relations firm of the 1970s, and producer of the hit movie "Car Wash" will speak about his experiences with alcohol and drugs and a co-occurring eating disorder as well as his book "The Harder They Fall: Celebrities Tell Their Real-Life Stories of Addiction and Recovery". Gary will also lead a conference workshop on "Telling Your Own Story." Additional Conference workshops will focus on co-occurring education and successful recovery models for people with co-occurring conditions.

### **VISI Meetings**

**VISI Steering Committee** Mark your calendars for the next VISI Steering Committee on Friday, November 9<sup>th</sup> from 9:00 am to 12:30 at the Best Western Hotel in Waterbury. The steering committee will continue developing its roles and responsibilities in leading the planning and implementation of the VISI Initiative.

**Workforce Development Co-occurring Capacity Sub Committee** is analyzing the need for a co-occurring credential in the State of Vermont. The sub committee will be presenting its plan at the ADAP Summer Study from 9am to noon at the Cyprian Learning Center.

### **VISI Training**

Modules 3 and 4 of the VISI Co-occurring 101 training for PATH providers and Recovery Center support staff was held on Friday, September 21<sup>st</sup> from 10 am to 3:30 pm at the Vermont Technical Training Site in Randolph. Over 20 people completed this course.

On October 12, 2007 VISI will be sponsoring the keynote speaker and several workshops at the Valley Vista Conference on co-occurring disorders at Lake Morey. The keynote speaker will be Terence Gorski, an internationally recognized expert on substance abuse, mental health violence and crime.

To connect to these meetings or to join the committees please contact Paul Dragon at 652-2020.

## **VISI Resources**

Please check out the VISI website at <https://healthvermont.gov/mh/visi/>

The co-occurring brochures for consumers are in. They are a great way to get basic information across to people in need of services.

## ***VERMONT STATE HOSPITAL***

### **Emergency Drills at Vermont State Hospital**

The Education and Training Department at Vermont State Hospital was tasked with developing and implementing a system to test how staff would handle medical emergencies. Drill scenarios were created (cardiac arrest, seizures, etc.) and the following process for conducting and recording the drills was identified. Observers are assigned to monitor the drills. Among things they are evaluating are whether or not there is a clearly identified leader, the length of time for staff response, how many staff responded, the availability of needed equipment, and whether or not established protocols are followed. Staff are informed at the beginning of the shift that a drill will be held and are instructed to observe and react. A volunteer “victim” then initiates the scenario under the supervision of the Observer. The drill results are reviewed by the VSH Safety Committee, which is responsible for taking any needed action as part of the hospital’s Performance Improvement process.

The initial drill for testing the process was held on Brooks 2 in August. By the end of September, drills will have been held on each shift and on each unit (a total of 9). Future drills will be held quarterly with plans to expand scenarios to test emergencies in areas off of the units (for example, at the Canteen).

## ***VERMONT STATE HOSPITAL CENSUS***

The Vermont State Hospital Census was 40 as of midnight Monday night. The average census for the past 45 days was 45.